

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09/889244

FILING DATE

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7		1			51				
2		1		1		52				
3		1		1		53				
4		3		1		54				
5						55				
6						56				
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43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.			1			TOTAL IND.				
TOTAL DEP.			3			TOTAL DEP.				
TOTAL CLAIMS			4			TOTAL CLAIMS				